

Communication

Choose the appropriate mode of communication. This depends on the personal preference of the patient, the severity of the hearing loss, and his/her language abilities. The patient may communicate by:

- speechreading and listening with the help of a hearing aid or assistive listening device
- reading and writing notes
- sign language
- finger spelling or gestures
- a combination of the above

Remember, people with a hearing loss depend greatly on information he/she sees. For people with no hearing, communication must be visible

ASL: What is it?

American Sign Language (also called Ameslan or ASL) is a visual-based language with its own grammatical structure, syntax, and ability to convey abstract concepts. Body and hand movements, gestures and facial expressions are part of ASL which is as versatile and subtle as English. There are regional variations, slang, and fad expressions in ASL.

What is the difference between an interpreter and a signer?

A professional sign language interpreter has the ability to translate a signed message to spoken English, and a spoken message to sign language, keeping the content and the intent of the original message. Knowledge of two languages is not the only ability which enables an interpreter to function as a professional. An interpreter must be fluent in two languages, the interpreting process and must uphold a code of ethics, which includes maintaining confidentiality.

A signer may be able to communicate with deaf or hard of hearing people but may not be capable of interpreting.

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Nebraska Commission for the Deaf and Hard of Hearing

The Nebraska Commission for the Deaf and Hard of Hearing (NCDHH) is a state agency designed to serve deaf and hard of hearing Nebraskans. As established by the Nebraska State Legislature in 1979, the commission's goals have been divided into the following areas: 1) Collect data and disseminate information on deaf and hard of hearing Nebraskans, and conduct research in the area of deafness; 2) Develop communication processes involving training and certification of interpreters statewide, and promote an awareness of the deaf and hard of hearing to state and local community agencies; and 3) Inventory, monitor and assess services available for the deaf and hard of hearing citizens, and assist them in securing such services.

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Visit Us on the Web:

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(Closed on State Holidays)

What If My Patient Is Also Hard of Hearing or Deaf?

A Guide Prepared by the
Nebraska Commission
for the Deaf and
Hard of Hearing



Facts About Hearing Loss

People with hearing loss usually belong in one of two categories: deaf or hard of hearing. People who are hard of hearing may have a hearing loss due to illness, injury or the aging process. They will probably have some residual hearing left, and talk or read lips as their principal means of communication. Hard of hearing people usually have attended public schools. You may or may not notice a difference in their speech. Some people who were hard of hearing become deaf later in life.

People who are deaf and who interact with the deaf community use sign language as their principal means of communication. They may have attended public schools, residential schools for the deaf, or oral schools. Some deaf people use speech and lipreading skills along with sign language. Many deaf people don't use their voice, but this doesn't mean they are unable to do so.

A hearing loss is a barrier to communication and people with hearing losses face this barrier daily. Keep in mind that people are individuals, and to communicate effectively the communication mode best suited to the individual must be used.

There are several steps health care professional can take to ensure effective communication with their deaf or hard of hearing patients.

Communication Tips

1. If the patient uses a hearing aid and/or glasses, make sure he/she is wearing them.
2. Look directly at the patient while speaking. Eye contact helps communication. For example, don't speak from behind while the patient is in a wheelchair.
3. Make sure you have the patient's attention before speaking.
4. Speak clearly and slower than usual if needed, and in full sentences; do not exaggerate lip movements, and do not shout.
5. If not understood, rephrase your question. You may also write your message.
6. Make sure the light shines on your face. Do not stand in front of a bright light or a window.
7. Turn off background noise (radio, TV), or move away from the source of the noise (open window, air conditioner).
8. Pantomime, gestures and facial expression help communicate. Use them all.
9. If the primary mode of communication is sign language, written messages may be used until a professional sign language interpreter arrives.*

10. Remember to talk directly to the patient and not to the spouse, relative or friend regarding health, treatment or general communication. Look directly at the deaf patient, not at the interpreter.

11. All health care personnel who have direct contact with the patient must be made aware of the hearing loss. All personnel should be informed how to best communicate with the deaf or hard of hearing patient.

12. Tap lightly the patient's shoulder or the mattress to get his/her attention. Don't do anything unexpected from behind.

13. Leave a light on. When entering a room, flicking the lights is an acceptable way of announcing your presence instead of knocking.

** Contact the Nebraska Commission for the Deaf and Hard of Hearing 1-877-248-7836 for information on how to arrange for an interpreter.*



International Symbol for Deaf and Hard of Hearing